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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/431,854 12/09/2002  
 and claims benefit of 60/471,262 05/16/2003  
 and claims benefit of 60/503,945 09/20/2003  
 and claims benefit of 60/503,946 09/20/2003  
 and claims benefit of 60/507,857 10/01/2003

*(AS)*  
\*\* FOREIGN APPLICATIONS \*\*\*\*\**(AS)*  
IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/19/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 13	TOTAL CLAIMS 57	INDEPENDENT CLAIMS 5
Verified and Acknowledged <i>Debra M. Odeh</i> Examiner's Signature	Initials				

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## TITLE

Modular implantable medical device

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